Docket No: 245430US20

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF

Heber MACMAHON, et al. : EXAMINER:

SERIAL NO: 10/721,827

FILED: November 26, 2003 : GROUP ART UNIT: 3737

FOR: AUTOMATED METHOD AND...

FILING OF SUPPLEMENTAL APPLICATION DATA SHEET

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

SIR:

Applicant(s) submit herewith a Supplemental Application Data Sheet for the purpose of inserting the citizenship of the 1st inventor and changing the order of the inventors.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

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APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/721,827
Application Date:: 11/26/03
Application Type:: REGULAR
Subject Matter:: UTILITY

CD-ROM or CD-R?:: NONE

Title:: AUTOMATED METHOD AND SYSTEM

FOR THE EVALUATION OF DISEASE AND REGISTRATION ACCURACY IN THE SUBTRACTION OF TEMPORALLY

SEQUENTIAL MEDICAL IMAGES

Attorney Docket Number:: 245430US-20

Total Drawing Sheets:: 9

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: <u>Ireland</u>

Status:: FULL CAPACITY

Given Name:: <u>Heber</u>

Family Name:: MacMahon

City of Residence:: Chicago

State or Province of Residence:: ILLINOIS

Country of Residence:: USA

Street of Mailing Address:: 2144 N. Cleveland

City of Mailing Address:: Chicago

State or Province of Mailing Address:: ILLINOIS

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 60614

Middle Name::

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: USA

Status:: FULL CAPACITY

Given Name:: Samuel

Middle Name:: <u>G.</u>

Family Name:: <u>Armato</u>

Name Suffix::

City of Residence:: Downers Grove

State or Province of Residence:: ILLINOIS Country of Residence:: USA

Street of Mailing Address:: 8247 Cambridge Court

City of Mailing Address:: Downers Grove,

State or Province of Mailing Address:: ILLINOIS

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 60516

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

ASSIGNMENT INFORMATION

Assignee Name:: University of Chicago

Street of Mailing Address:: 5841 South Maryland Avenue, MC 2026

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City of Mailing Address:: Chicago

State or Province of Mailing Address:: IL

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 60637